## LOCAL ADMISSION For earthworks no......

1. 	Location of Works:		
	Scope of works:		
3.	Date of performance of works:		
	Starting date		
	Completion date		
4.	Arrangements:		
	4.1. The land user:		
	ne employee:		
 Nan	me date signatur	re	
	4.2. Opinion of the GTS department employee:	YES	NO
	✓ Check the works location with a cable finder*		
	✓ Constant supervision by GTS employee required*		
	✓ Written order for work required*		
Oth	her requirements:		
	TO amplement		

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Name <b>4.3.</b>	LabMatic employee opin	date nion:	signature <b>YES</b>	NO
✓ (	Check the works location with	a cable finder*		
✓ (	Constant supervision by GTS	required*		
✓ \	Vritten order for work require	d*		
	quirements:			
	ic's employee:			
Name		date	signature	
	Underground utilities ned Permanent supervision of an elevation order for work requires	employee of an externa	. Γ	
Other re	quirements:			
The em	ployee:			
Name		date	signature	
4.5.	Gas network:		YES	NO
✓ E	ETIWS employee's ongoing s	supervision required*		
<b>√</b> \	Vritten order for work require	d*		
Other re	quirements:			
The ETI	WS employee:			
 Name		date	signature	

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4.6.	Heating network:	YES	NO
✓ C	onstant supervision by ETIWS employee required*		
✓ W	/ritten order for work required*		
Other red	quirements:		
The ETIV	WS employee:		
Name	date signature		
4.7.	Water supply network:	S NO	
✓ P	ermanent supervision of WT employee required*		
✓ W	/ritten order for work required*		
Other red	quirements:		
WT emp	loyee:		
Name	date signature		
4.8.	Sewerage network: YE	S NO	
√ P	ermanent supervision of WT employee required*		
Other red	quirements:		
WT emp	loyee:		
 Name	date signature		
4.9.	PCC IT network:	YES	NO
√ P	ermanent supervision of PCC IT employee required*		

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PCC IT e	mployee:			
Name		date	signature	
4.10.		ment of the Capital Gr	oup:	YES
√ Pe	NO ermanent supervis	ion of the GKK's employ	/ee required*	
Other req	uirements:			
GKK em				
Name		date	signature	
5. O	pinion of the Sec	urity and Prevention C	Office staff (GB) (tel. +48 66	7 650 769)
GB empl	oyee:			
Name		date	signature	

6. I confirm fulfilment of the conditions set out in point 4. Their conformity with the attached master map: ")

Date	Representative of Safety and Prevention Office (GB)		epresentative of Safety and Prevention Office (GB) Area user	
	Name	signature	Name	signature

7. I'm allowing for commencement of the earthwor	ks: ** <sup>)</sup>
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Date	Works coordinator's name	Signature

8. I've acknowledged the findings of the "Local Earthwork Permit". I commit to use and observe them:\*\*)

Date -	Works manager	(contractor)	Construction equipment operator	
Date	Name	signature	Name	signature

9. Register of additional supervisors\*\*)

Date	Name	Supervision start time	Supervision end time	Signature of additional supervising staff

10. A	ppenc	lices
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	YES NO	
Indicative map required*)		
List of appendices:		

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## NOTE:

The Works Coordinator shall report (by phone at 71 794 3430 or personally) the fact of commencement and end of earthworks on a given day to the Plant Dispatcher and the area administrator (user) where the earthworks will be performed, giving the following data:a) location of the works ,b) scope of the works,c) name of Contractor,d) number of Contractor's workers) e) duration of the works (start time and end time).

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<sup>\*) -</sup> mark whatever is required by placing an "x" in the appropriate box.

<sup>\*\*) -</sup> the number of rows in the table may be increased or decreased as necessary.